

COMMONWEALTH OF MASSACHUSETTS

United States District CourtNO. 05-10000

INFORMATION FOR THE INMATE/APPLICANT: You have requested that the _____ Court waive the filing fees and (normal) costs and allow you to proceed as an indigent plaintiff. You are required to provide the court with information about your finances so that the court can determine whether you are unable to pay the fee or to make partial payments. You are required to sign this affidavit form under the penalties of perjury. This includes a statement that no action has been taken to hide assets. The court can dismiss the complaint if it finds that the claim of indigency is untrue. In addition, the court may impose costs on an inmate who intentionally files an affidavit that contains false information or that omits material information. You are also subject to loss of up to 60 days of good time earned or to be earned under G. L. c. 127, § 129C (for blood donation) or under c. 127, § 129D (for work, education or rehabilitation programs) if the court finds that the affidavit is frivolous and filed in bad faith in order to abuse the judicial process. See G. L. c. 261, § 29.

William Jewett Jr.

Plaintiff(s)

v.

Bernard F. Brady

Defendant(s)

INMATE'S AFFIDAVIT OF INDIGENCY AND REQUEST FOR WAIVER OF
NORMAL FEES AND COSTS IN COMPLIANCE WITH GENERAL LAWS c. 261, § 29

Pursuant to General Laws c. 261, § 29, the applicant, _____,
swears (or affirms) that the following information is true.
(NAME)

SOCIAL SECURITY #: _____

DATE OF BIRTH: 7/1/73INMATE IDENTIFICATION #: W65623CORRECTIONAL FACILITY: OCCC

ASSETS:

CASH: _____

MONIES IN BANK ACCOUNTS:

INMATE CANTEEN ACCOUNT: _____

OTHER INSTITUTIONAL ACCOUNT: _____

NON-PRISON ACCOUNT(S): _____

REAL ESTATE: _____

OTHER INVESTMENTS: _____

ACCESSIBLE ASSETS OF A SPOUSE: _____

INCOME:

LAST SIX MONTHS' INCOME: _____

INCOME EXPECTED IN NEXT SIX MONTHS: _____

LIABILITIES (for example, any debts you owe, including Victim/Witness fees, restitution fees, child support, other court-imposed costs, and costs assessed for incarceration and pre-release programs):

MONTHLY EXPENSES:

NECESSARY CANTEEN PURCHASES (for example, stamps, envelopes, soap, toothpaste and other toiletries, medications and clothing):

OTHER EXPENSES: _____

I state under penalties of perjury that the statements made in this affidavit are true, that I have not omitted any assets that are available to me to pay filing fees or court costs, that I have not transferred any assets to avoid payment of filing fees and costs, and that I have not taken any action nor has any action been taken on my behalf relative to any assets in order to avoid having such assets used for payment of filing fees and costs.

William Jewett Jr Signature of applicant:

DATE: 08/03/05

ALL INFORMATION CONTAINED HEREIN IS CONFIDENTIAL. EXCEPT BY SPECIAL ORDER OF A COURT, IT SHALL NOT BE DISCLOSED TO ANYONE OTHER THAN AUTHORIZED COURT PERSONNEL, PARTIES TO THIS LITIGATION OR THEIR COUNSEL, AND AN AUTHORIZED (IN WRITING) REPRESENTATIVE OF THE APPLICANT.

COMMONWEALTH OF MASSACHUSETTS

Court UNITED STATES DISTRICT

Case number:

Civil Action

Case Name:

William Jewett, Plaintiff(s)

Bernard F. Brad^{v.}, Defendant(s)

**NOTICE OF WAIVER OF COURT COSTS AND REQUEST FOR PAYMENT TO BE
WITHDRAWN FROM ACCOUNT PURSUANT TO G. L. c. 261, § 29**

The prisoner/plaintiff in the above-captioned action has filed a motion to waive the filing fee and court costs (normal) and to proceed in forma pauperis. After reviewing the affidavit of indigency and the statement of inmate account provided by the correctional facility, the court hereby orders:

☒ The plaintiff is incapable of paying the filing fee and may proceed in forma pauperis.

☐ The plaintiff is ordered to pay a lump-sum partial payment of \$ _____ in order to proceed. The court further finds that requiring additional installment payments would create an undue administrative burden for the court.

withdraw the payment(s) as ordered above and send it to the court. If installment payments are ordered, this authorization remains in effect for each monthly payment unless the undersigned revokes authorization in writing. This authorization is valid in any state or county correctional facility to which the prisoner may be transferred.

William Jewett Jr

Prisoner/Plaintiff

Dated: 08/03/05

ALL PRISONERS MUST SEND A COPY OF THIS FORM TO THE SUPERINTENDENT OF THE FACILITY WHERE THEY ARE INCARCERATED AND TO THE COMMISSIONER OF CORRECTION (IF YOU ARE IN A STATE FACILITY) OR TO THE COUNTY SHERIFF (IF YOU ARE IN A COUNTY FACILITY).